

## NON-REPAIRABLE VEHICLE NOTICE OF RETENTION BY OWNER

	MOTORCYC	LE ENGINE NUMBER	MAKE		CALIFORNIA LICENSE PLATE
Vehicle Owner(s)	LAST NAME		FIRST		MIDDLE
as of the Date of Loss	AND LAST NAME OR		FIRST		MIDDLE
	ADDRESS		STATE		ZIP CODE
Insurance Company Reporting Retention of this Non-Repairable Vehicle	I, the undersigned, certify that the above described non-repairable vehicle has been retained by the owner(s and, as required by <i>California Vehicle Code</i> §11515.2, he/she has been notified that, <b>within 10 days</b> of the settlement of loss date, he/she must surrender the vehicle's Certificate of Title and license plates, and apply for a Non-Repairable Vehicle Certificate. The vehicle owner(s) has also been notified that the Department of Motor Vehicles' database record for the vehicle will reflect a "Non-Repairable Vehicle" notation (brand).				
	DATE AUTHO  X  INSURANCE COMPANY NAME	ORIZED SIGNATURE FOR INSU	RANCE COMPANY P	RINTED NAME	
	INSURANCE COMPANY ADDRE	SS			
	DATE OF LOSS	CLAIM NUMBE	ER	DAYT	IME TELEPHONE NUMBER
DEPAIRMENT OF MOTOR MAINLESS A Public Service Agency	* NOTICI	N-REPAIRABLE E OF RETENTIO	VEHICLE	*	
	*****	*****	N BY OWNER * * * * * * * * *	* * * *	
VEHICLE IDENTIFICATION NUMBER		* * * * * * * * * * * * * * * * * * *		*	CALIFORNIA LICENSE PLATE
Vehicle Owner(s)			* * * * * * * * *	*	CALIFORNIA LICENSE PLATE MIDDLE
Vehicle Owner(s)	MOTORCYC		* * * * * * * * * * * * * * * * * * *	*	
Vehicle Owner(s)	LAST NAME  AND LAST NAME  OR		* * * * * * * * * * * * * * * * * * *	*	MIDDLE
Vehicle Owner(s) as of the Date of Loss  Insurance Company Reporting Retention of this Non-Repairable	LAST NAME  AND LAST NAME OR ADDRESS  CITY  I, the undersigned, cel and, as required by C settlement of loss date for a Non-Repairable V	rtify that the above descalifornia Vehicle Cortificate. The	FIRST  FIRST  STATE  cribed non-repairable ve §11515.2, he/she has ber the vehicle's Certific	*  *  *  ehicle has bee been notified to atte of Title and also been notified.	MIDDLE  ZIP CODE  retained by the owner(s hat, within 10 days of the d license plates, and applyied that the Department of
Vehicle Owner(s) as of the Date of Loss  Insurance Company Reporting Retention of this Non-Repairable Vehicle	LAST NAME  AND LAST NAME OR ADDRESS  CITY  I, the undersigned, cer and, as required by C settlement of loss date for a Non-Repairable Motor Vehicles' datab	rtify that the above descalifornia Vehicle Cortificate. The	FIRST  FIRST  STATE  cribed non-repairable versus and state are the vehicle's Certifice evehicle owner(s) has a cle will reflect a "Non-F	*  *  *  ehicle has bee been notified to atte of Title and also been notified.	MIDDLE  ZIP CODE  retained by the owner(s hat, within 10 days of the d license plates, and applyied that the Department of

MAIL COMPLETED FORM TO: Department of Motor Vehicles, P.O. Box 932345, Sacramento, CA 94232-3450

CLAIM NUMBER

DAYTIME TELEPHONE NUMBER

DATE OF LOSS